



Department of Environmental Quality
Resource Management Division
Septage Waste Program
New Land Site Inspection Form
Printed by authority of Part 117, 1994 PA 451, as amended

Business Name _____ Land Owner _____ License No. _____
Land Site Address _____ Site I.D. No. _____ Field No.* _____
City _____ County _____ Township _____ Section _____

* **Note** : Complete an inspection form for each separate field

Field Boundaries and Isolation Distances

1	Boundaries of the proposed land application area clearly identified? <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
2	<p>Determine whether the following minimum isolation distances are met (<i>Sec. 11710.[c][i – ix]</i>)</p> <p>Check box if minimum distance is met.</p> <p>Application Method** → <u>Injection</u> <input type="checkbox"/> <u>Surface</u> <input type="checkbox"/></p> <p style="text-align: right;">Indicate <u>observed distance</u> only if minimum distance is not met</p> <table><tr><td>Type I public water supply wells:</td><td>2,000 ft <input type="checkbox"/></td><td>2,000 ft <input type="checkbox"/></td><td>_____ feet</td></tr><tr><td>Type IIa public water supply wells:</td><td>2,000 ft <input type="checkbox"/></td><td>2,000 ft <input type="checkbox"/></td><td>_____ feet</td></tr><tr><td>Type IIb public water supply wells:</td><td>800 ft <input type="checkbox"/></td><td>800 ft <input type="checkbox"/></td><td>_____ feet</td></tr><tr><td>Type III public water supply wells:</td><td>150 ft <input type="checkbox"/></td><td>800 ft <input type="checkbox"/></td><td>_____ feet</td></tr><tr><td>Private drinking water wells:</td><td>150 ft <input type="checkbox"/></td><td>800 ft <input type="checkbox"/></td><td>_____ feet</td></tr><tr><td>Other water wells:</td><td>150 ft <input type="checkbox"/></td><td>800 ft <input type="checkbox"/></td><td>_____ feet</td></tr><tr><td>Homes or commercial buildings:</td><td>150 ft <input type="checkbox"/></td><td>800 ft <input type="checkbox"/></td><td>_____ feet</td></tr><tr><td>Surface water (lake, stream, pond, drainage ditch, etc.):</td><td>150 ft <input type="checkbox"/></td><td>500 ft <input type="checkbox"/></td><td>_____ feet</td></tr><tr><td>Roads or property lines:</td><td>150 ft <input type="checkbox"/></td><td>200 ft <input type="checkbox"/></td><td>_____ feet</td></tr></table> <p><i>**If hauler intends to use both methods at the same field/site, check both boxes but determine isolation distances based on <u>surface application method</u>. Provide additional explanation under comments.</i></p>	Type I public water supply wells:	2,000 ft <input type="checkbox"/>	2,000 ft <input type="checkbox"/>	_____ feet	Type IIa public water supply wells:	2,000 ft <input type="checkbox"/>	2,000 ft <input type="checkbox"/>	_____ feet	Type IIb public water supply wells:	800 ft <input type="checkbox"/>	800 ft <input type="checkbox"/>	_____ feet	Type III public water supply wells:	150 ft <input type="checkbox"/>	800 ft <input type="checkbox"/>	_____ feet	Private drinking water wells:	150 ft <input type="checkbox"/>	800 ft <input type="checkbox"/>	_____ feet	Other water wells:	150 ft <input type="checkbox"/>	800 ft <input type="checkbox"/>	_____ feet	Homes or commercial buildings:	150 ft <input type="checkbox"/>	800 ft <input type="checkbox"/>	_____ feet	Surface water (lake, stream, pond, drainage ditch, etc.):	150 ft <input type="checkbox"/>	500 ft <input type="checkbox"/>	_____ feet	Roads or property lines:	150 ft <input type="checkbox"/>	200 ft <input type="checkbox"/>	_____ feet
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Soils and Water Table

3	What is the dominant type of soil series for this field? _____ (See county soil survey) Other soil series _____ Example of soil series name: <i>Boyer Series</i>
4	Attach a <u>location drawing</u> and <u>soil profile</u> descriptions for soil excavations or auger borings completed in this field. <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Is the maximum land slope of the proposed field area $\leq 6\%$ for surface or $\leq 12\%$ for injection method of application? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Is the water table 30 inches or deeper below where septage waste will be applied? (Sec. 11710. [f]). <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Are there any drainage tiles installed at the site to improve drainage of this field? <input type="checkbox"/> Yes <input type="checkbox"/> No
8	After the evaluation of the proposed field, how many acres are suitable & available for septage waste application? _____ Acres. Measured Field dimensions: _____-

Note: The location drawing (item #4) may include home/s, barn, road/s farm, etc. to identify the area under evaluation.

Comments: Provide additional sheets if necessary.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Recommendation

- ☐ This field is suitable for the land application of septage waste in accordance with Part 117 NREPA. Land application may commence upon receipt of site permit from the DEQ.
- ☐ This field is NOT suitable for the land application of septage waste for reasons as stated and denial in accordance with Part 117 NREPA is recommended.
- ☐ Inspection has **confirmed** the items noted above which must be addressed before this field can be recommended for approval. Contact the undersigned to arrange for a follow up inspection. This field may not be used for land application until these items have been addressed.

Inspector (Print): _____

Signature: _____

Inspector's e-mail address: _____

Phone number: _____

Health Dept/County: _____

Date of Inspection: _____

DISTRIBUTION: ☐ Septage Waste Business Owner ☐ Local Health Department ☐ DEQ